

Institute for Strengthening Families

DATE \_\_\_\_\_

Seminar Course # \_\_\_\_\_ M T W (circle one)

Presenter \_\_\_\_\_

Please rate the breakout on the following characteristics by circling the number that best reflects your experience. Scale: Poor-1 Excellent-4

- |  |   |   |   |   |
|--|---|---|---|---|
| 1. Overall organization                            | 1 | 2 | 3 | 4 |
| 2. Visual aids used                                | 1 | 2 | 3 | 4 |
| 3. Group participation                             | 1 | 2 | 3 | 4 |
| 4. Usefulness to you in your work                  | 1 | 2 | 3 | 4 |
| 5. Effectiveness of presenter                      | 1 | 2 | 3 | 4 |
| 6. Quality and usefulness of handouts<br>(if used) | 1 | 2 | 3 | 4 |

Please indicate your agreement with each of the following statements by circling the appropriate number. Scale: Poor-1 Excellent-4

- |  |          |   |           |   |
|--|----------|---|-----------|---|
| 7. This Seminar increased my understanding of the issues presented.      | 1        | 2 | 3         | 4 |
| 8. Information from this breakout will help me do my work with families. | 1        | 2 | 3         | 4 |
| 9. I would like to hear more about this topic.                           | 1        | 2 | 3         | 4 |
| 10. I would like to hear more from this presenter.                       | 1        | 2 | 3         | 4 |
| 11. This seminar was: (circle one)                                       |          |   |           |   |
|  | too-long |   | too-short |   |

Return your evaluation to the room monitor. Thank you.

Name and email: (Optional) \_\_\_\_\_  
Additional comments may be made on the back of the survey.